



**AUSTRALIAN  
CALISTHENIC  
FEDERATION**

**VICTORIAN  
LEVEL 2 COORDINATOR  
PO Box 8085  
East Oakleigh Vic 3166**

**NATIONAL LEVEL TWO COACHES COURSE**

**APPLICATION FORM**

PLEASE COMPLETE THE FOLLOWING PARTICULARS AND RETURN TO:

**Level 2 Coordinator  
C/- VCCA Offices  
PO Box 8085, East Oakleigh Vic 3166**

CONFIRMATION OF YOUR APPLICATION WILL BE RETURNED BY MAIL

The application fee of \$27.50 is payable when applying to participate in the Level 2 program. (Each module carries a cost of \$55 per module).

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**TEL NO.** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**PREVIOUS COACHING HISTORY (Club, Section, Years):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME OF CLUB/COLLEGE YOU ARE CURRENTLY COACHING:**

\_\_\_\_\_

**SECTION/S YOU ARE CURRENTLY COACHING:**

\_\_\_\_\_

**NO. OF YEARS YOU HAVE HAD FULL RESPONSIBILITY FOR A TEAM:** \_\_\_\_\_

**VERIFICATION OF CLUB OFFICIAL:**

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**YEAR AND STATE YOU UNDERTOOK LEVEL 1 COURSE:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please attach photocopied evidence of your current A.S.C. Card.

**OFFICE USE:** APPROVED - YES  NO  ..... **DATE:**.....

**REG.NO**.....